

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NW	71536	10-39-00
O.I.P.E. CLASSIFIER	LW	32	11/7
FORMALITY REVIEW	JB	JC 873	12-07-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	12/12/00
2	12/12/00
3	12/12/00
4	12/12/00
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49	12/12/00
50	12/12/00

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

BEST AVAILABLE

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